<u>Vendor Packet – Florida</u> (Updated October 5th, 2020) <u>Instructions to Vendors</u>

Please complete the following:

| 1. | Vendor Information Sheet (U-5) (Please complete form and attach all applicable licenses) |
|----|---|
| 2. | W-9 (Rev-2017) New October 2018 – Form Attached (Please complete form) |
| 3. | Insurance Requirements (A-8i) (Please complete and sign form) |
| 4. | Sample Insurance Certificate (A-8j) |
| | a) Give this sample to your agent |
| | b) Have agent submit your certificate directly to: vendors@flynnmanagement.com |
| 5. | Workers Comp Statement (A-8f) (Complete form by checking only 1 option and submit Florida Worker's Comp Exemption Card if option #1 was selected) |

Return completed forms to vendors@flynnmanagement.com

If you have any questions, please contact Sandy Dorval at (727)449-1182 x214

ATTACHMENT "C"

PROPERTY NAME: ______ CONTRACTOR/VENDOR INFORMATION SHEET – Form #U-5

| | ess Name: | | | | | | | | |
|--|--|--|--|----------------------|--|--|--|--|--|
| | | | | | | | | | |
| | Audress. | | | Zip: | | | | | |
| | pal: | | | | | | | | |
| | : | | | | | | | | |
| | | | | | | | | | |
| | gency Phone: | | | | | | | | |
| | er of Employees: | | Are employees direct or leased: | | | | | | |
| | | | | | | | | | |
| The C | Contractor/Vendor is: | | | | | | | | |
| 1. | Corporation Yes: | | No: | | | | | | |
| | Other: | | | | | | | | |
| 2. | Other. | | | | | | | | |
| 3. | | | | | | | | | |
| | Federal I.D. Number: | | ense (Attach Copy): | | | | | | |
| 3. | Federal I.D. Number:FL or GA Dept. of Profession | onal Reg. Lic | | | | | | | |
| 3. | Federal I.D. Number:FL or GA Dept. of Profession FDPR Qualifying Individua | onal Reg. Lic | ense (Attach Copy): | | | | | | |
| 3.4. | Federal I.D. Number:FL or GA Dept. of Profession FDPR Qualifying Individua | onal Reg. Lic | ense (Attach Copy): | | | | | | |
| 3.4.5. | Federal I.D. Number: FL or GA Dept. of Profession FDPR Qualifying Individual Local Occupational License | onal Reg. Lice Name: Number (Att | ense (Attach Copy): | | | | | | |
| 3.4.5.The n | Federal I.D. Number: FL or GA Dept. of Profession FDPR Qualifying Individual Local Occupational License | onal Reg. Lice I Name: Number (Att owner, partn | tach Copy): ters or officers of the Contractor/V | | | | | | |
| 3.4.5.The nName | Federal I.D. Number: FL or GA Dept. of Profession FDPR Qualifying Individual Local Occupational License ame, title, and address of the occupant | onal Reg. Liconal Reg. Liconal Reg. Liconal Reg. Number (Att | tach Copy): ters or officers of the Contractor/V | endor firm are: | | | | | |
| 3.4.5.The nNameHome | Federal I.D. Number: FL or GA Dept. of Profession FDPR Qualifying Individual Local Occupational License ame, title, and address of the occupant | onal Reg. Lice I Name: Number (Att | tach Copy): tach Copy): ners or officers of the Contractor/V Title: | endor firm are: | | | | | |
| 3. 4. 5. The n Name Home City: | Federal I.D. Number: FL or GA Dept. of Profession FDPR Qualifying Individual Local Occupational License ame, title, and address of the occupant of the | onal Reg. Lice I Name: Number (Att owner, partn | tach Copy): tach Copy): mers or officers of the Contractor/V Title: State: | endor firm are: | | | | | |
| 3. 4. 5. The n Name Home City: | Federal I.D. Number: FL or GA Dept. of Profession FDPR Qualifying Individual Local Occupational License ame, title, and address of the occupant of the | onal Reg. Lice I Name: Number (Att owner, partn | tach Copy): tach Copy): mers or officers of the Contractor/V Title: State: | endor firm are: Zip: | | | | | |
| 3. 4. 5. The n Name Home City: Name | Federal I.D. Number: FL or GA Dept. of Profession FDPR Qualifying Individual Local Occupational License ame, title, and address of the occupant of the | onal Reg. Lice I Name: Number (Att owner, partn | tach Copy): tach Copy): ters or officers of the Contractor/V Title: State: Title: | endor firm are: Zip: | | | | | |
| 3. 4. 5. The n Name Home City: Name City: | Federal I.D. Number: FL or GA Dept. of Profession FDPR Qualifying Individual Local Occupational License ame, title, and address of the occupant of the | onal Reg. Lice I Name: Number (Att owner, partn | tach Copy): tach Copy): ters or officers of the Contractor/V Title: State: Title: | endor firm are: Zip: | | | | | |
| 3. 4. 5. The n Name Home City: Name City: | Federal I.D. Number: FL or GA Dept. of Profession FDPR Qualifying Individual Local Occupational License ame, title, and address of the occupant of the occup | onal Reg. Lice I Name: Number (Att | tach Copy): tach Copy): ters or officers of the Contractor/V Title: State: Title: | endor firm are: Zip: | | | | | |

ATTACHMENT "C"

PROPERTY NAME: ______CONTRACTOR/VENDOR INFORMATION SHEET – Form #U-5

| F. | Insurance Agency - Workers Comp: | | | | | | | | |
|----------|---|---|--|--|--|--|--|--|--|
| | Agent Name: | Agent Phone Number: | | | | | | | |
| | Agent Email: | | | | | | | | |
| | | | | | | | | | |
| G. | Payment Terms (Please initial each item) | | | | | | | | |
| | All invoices will be submitted dir | rectly to the property after the work has been completed | | | | | | | |
| | All invoices will be billed in the name of the property to which the service(s) were rendered | | | | | | | | |
| | All payments will be made within | n 30-days of the invoice being submitted in accordance of the above | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | horize verification by Flynn Management Corporation of its agents. | | | | | | | |
| Date: | | Contractor/Vendor | | | | | | | |
| | | Ву: | | | | | | | |
| | | Title: | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| Please 1 | list all Flynn Management properties where you | ı desire to perform services: | | | | | | | |
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Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

| | I Name (as snown on your income tax return). Name is required on this line, do not leave this line blank. | | | | | | | | | | |
|---|---|----------------------------------|---|-------------------------|-----------------------|----------|-------------|---------------|----|--|--|
| | 2 Business name/disregarded entity name, if different from above | | | | | | | | | | |
| on page 3. | 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Ch following seven boxes. Individual/sole proprietor or C Corporation S Corporation Partnership | of the | certain entities, not individuals; see instructions on page 3): | | | | | | | | |
| ns e | single-member LLC | Exempt payee code (if any) | | | | | | | | | |
| ty tio | Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partne | rship) ▶ | | | | | _ | | | | |
| Print or type. See Specific Instructions on page | Note: Check the appropriate box in the line above for the tax classification of the single-member of LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single is disregarded from the owner should check the appropriate box for the tax classification of its own | owner of the Ll gle-member Ll | LC is | codo | ption fro (if any) | m FA | TCA rep | orting | | | |
| eci | ☐ Other (see instructions) ▶ | | | (Applies | s to account | s mainta | ined outsid | e the U.S | .) | | |
| Sp | 5 Address (number, street, and apt. or suite no.) See instructions. | Requester's | name a | and ad | dress (op | tiona |) | | | | |
| See | | | | | | | | | | | |
| 0, | 6 City, state, and ZIP code | | | | | | | | | | |
| | | | | | | | | | | | |
| | 7 List account number(s) here (optional) | | | | | | | | | | |
| | | | | | | | | | | | |
| Par | | | | | | | | | | | |
| | your TIN in the appropriate box. The TIN provided must match the name given on line 1 to au up withholding. For individuals, this is generally your social security number (SSN). However, 1 | | cial sec | curity i | number | _ | | | _ | | |
| | ap withholding. For individuals, this is generally your social security humber (3314). However, it sent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other | or a | | _ | | _ | | | | | |
| | es, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i> | et a | | | |] | | $\perp \perp$ | | | |
| TIN, la | | or | | | | —. | | | | | |
| | If the account is in more than one name, see the instructions for line 1. Also see What Name per To Give the Requester for guidelines on whose number to enter. | and Em | ployer | r identification number | | | | | | | |
| INUITIL | ier to dive the nequester for guidelines off whose number to enter. | | | _ | | | | | | | |
| | | | | | | | | | | | |
| Par | | | | | | | | | | | |
| | r penalties of perjury, I certify that: | | | | | | | | | | |
| 2. I ar Ser | e number shown on this form is my correct taxpayer identification number (or I am waiting for not subject to backup withholding because: (a) I am exempt from backup withholding, or (brvice (IRS) that I am subject to backup withholding as a result of a failure to report all interest longer subject to backup withholding; and |) I have not b | een n | otified | by the | Inter | | | .m | | |
| 3. I ar | m a U.S. citizen or other U.S. person (defined below); and | | | | | | | | | | |
| 4. The | e FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting | na is correct. | | | | | | | | | |

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid,

| other than | 1 1 2/ | utions to an individual retirement arrangement (IRA), and generally, payments, but you must provide your correct TIN. See the instructions for Part II, later. | |
|--------------|-------------------------------|--|--|
| Sign Here | Signature of U.S. person ▶ | Date ► | |

General Instructions

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN). individual taxpaver identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,

REQUIREMENTS FOR CONTRACTORS AND SUBCONTRACTORS

The following specifications for subcontractors or contractors are intended to provide proper protection. These are considered minimum requirements, and it is the Subcontractor's or Contractor's responsibility to maintain adequate protection.

- I. Minimum Coverage and Limits for both Contractors and Subcontractors
 - A. General Liability Coverage
 - 1. \$500,000 Combined Single Limit of Liability for Bodily Injury and Property Damage.
 - 2. Comprehensive Coverage Including:
 - a) Personal Injury
 - b) Blanket Contractual Coverage
 - c) Employees as Additional Insured's
 - d) Completed Operations/Products
 - e) XCU Coverage
 - B. Workers Compensation Coverage Including:
 - 1. Coverage B at a Limit of at Least \$100,000/\$500,000/\$100,000
 - 2. All State Endorsements

OR

- 1. Worker's Compensation Exemption Certificate meeting all current State and Federal Laws.
- C. Automobile Liability Coverage
 - 1. Automobile Liability coverage all owned, leased, hired and non-owned autos.
- II. All Contractors or subcontractors <u>must</u> provide Certificates of Insurance to Owner prior to their working, demonstrating they meet the requirements.
- III. It is <u>required</u> to have all Contractors and subcontractors name Flynn Management Corporation and <u>property owner</u> as an "Additional Insured" onto the Contractor's and subcontractor's general liability, auto and umbrella policies. See attached sample "Certificate of Liability Insurance" form.

All applicable insurance certificates must be emailed to the following address:

vendors@flynnmanagement.com

If your auto insurance is not included with your General Liability insurance, please also submit a copy of your auto policy declaration page.

It is the responsibility of the vendor to provide updated / renewal certificates to continue to work on all Flynn Management properties.

| Vendor Name: | Date: |
|--------------|-------|
| Signed: | _ |
| Print Name: | _ |
| Title: | _ |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/17/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

| IMPORTANT: If the certificate holder If SUBROGATION IS WAIVED, subject this certificate does not confer rights t | to the | e teri | ms and conditions of th | e polic | cy, certain po | olicies may | | | |
|---|----------------|----------------------------------|--|---------------------------|--|---------------------------|---|----------------|------------|
| PRODUCER | | | | CONTA | | , | | | |
| SPECIMEN CERTIFICATE | | | | | NAME: PHONE | | | | |
| | | | | | | URER(S) AFFOR | RDING COVERAGE | | NAIC# |
| | | | | INSURE | | | | | |
| INSURED | | | | INSURE | | | | | |
| SPECIMEN CERTIFICATE - Sample Purpo | | , | | INSURE | | | | | |
| SPECIMEN CERTIFICATE - Sample Purpo | se On | ııy | | INSURE | RD: | | | | |
| | | | | INSURE | RE: | | | | |
| | | | | INSURE | RF: | | | | |
| | | | NUMBER: 12957314 | | | | REVISION NUMBER: S | | |
| THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH INSR TYPE OF INSURANCE | QUIRE PERTA | EMEN AIN, T IES. L SUBR | NT, TERM OR CONDITION THE INSURANCE AFFORDI | OF AN' ED BY | Y CONTRACT THE POLICIES REDUCED BY I | OR OTHER I S DESCRIBEI | DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO | CT TO O ALL | WHICH THIS |
| X COMMERCIAL GENERAL LIABILITY | | | XXXXXX | | 05/01/2018 | 05/01/2019 | EACH OCCURRENCE | \$ | 1000000 |
| CLAIMS-MADE X OCCUR | | | 700000 | | 03/01/2018 | 03/01/2013 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 100000 |
| | | | | | | | MED EXP (Any one person) | \$ | 5000 |
| | | | | | | | PERSONAL & ADV INJURY | \$ | 1000000 |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 |
| POLICY PRO- X LOC | | | | | | | PRODUCTS - COMP/OP AGG | \$ | 2000000 |
| OTHER: | | | | | | | EBL | \$ | 1,000,000 |
| AUTOMOBILE LIABILITY | | | XXXXXX | | 05/01/2018 | 05/01/2019 | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,000 |
| ANY AUTO | | | | | | | BODILY INJURY (Per person) | \$ | |
| OWNED SCHEDULED AUTOS ONLY | | | | | | | BODILY INJURY (Per accident) | \$ | |
| X HIRED X NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | | | | | | \$ | |
| X UMBRELLA LIAB X OCCUR | | | XXXXXX | | 05/01/2018 | 05/01/2019 | EACH OCCURRENCE | \$ | 15,000,000 |
| EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$ | 15,000,000 |
| DED RETENTION\$ | | | | | | | | \$ | |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | PER OTH- STATUTE ER | | |
| ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? | N/A | | | | | | E.L. EACH ACCIDENT | \$ | |
| (Mandatory in NH) If yes, describe under | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | |
| DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | |
| | | | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC | LES (AC | CORD | 101, Additional Remarks Schedu | le, may b | e attached if more | e space is requir | ed) | | |
| SPECIMEN CERTIFICATE - Sample Purp | oses C | Only | | | | | | | |
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| CERTIFICATE HOLDER | | | | | CANCELLATION | | | | |
| | | | | | | | | | |
| Flynn Management Corporation | | | | | | | ESCRIBED POLICIES BE C. EREOF, NOTICE WILL I | | |
| 516 Lakeview Road Ste 8 | | | | | | | Y PROVISIONS. | | |
| Clearwater, FL 33756 | | | | | | | | | |
| | | | | AUTHORIZED REPRESENTATIVE | | | | | |
| | | | | | | | | | |



FLYNN MANAGEMENT CORPORATION



STATEMENT OF WORKERS COMPENSATION - FLORIDA

| Vendor | | | Trade | | |
|------------------|--|----------|------------------|---------|---------|
| Address | | | | | |
| City | State | Zip | | | |
| Check one of the | he following three o | options: | | | |
| | te Exemption Card overage pursuant to | | | | workers |
| | <u>urance Policy</u> - I h of insurance will be | | t workers compen | nsation | policy. |
| X | | | | | |
| Vendor Signatu | re | | Date signed | | |
| Print Name | | | | | |
| Title | | | | | |